

Name
in
Full

Still Born

Addison.

193

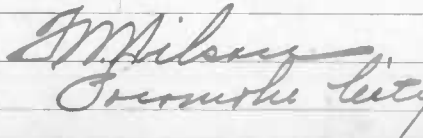
CERTIFICATE OF DEATH

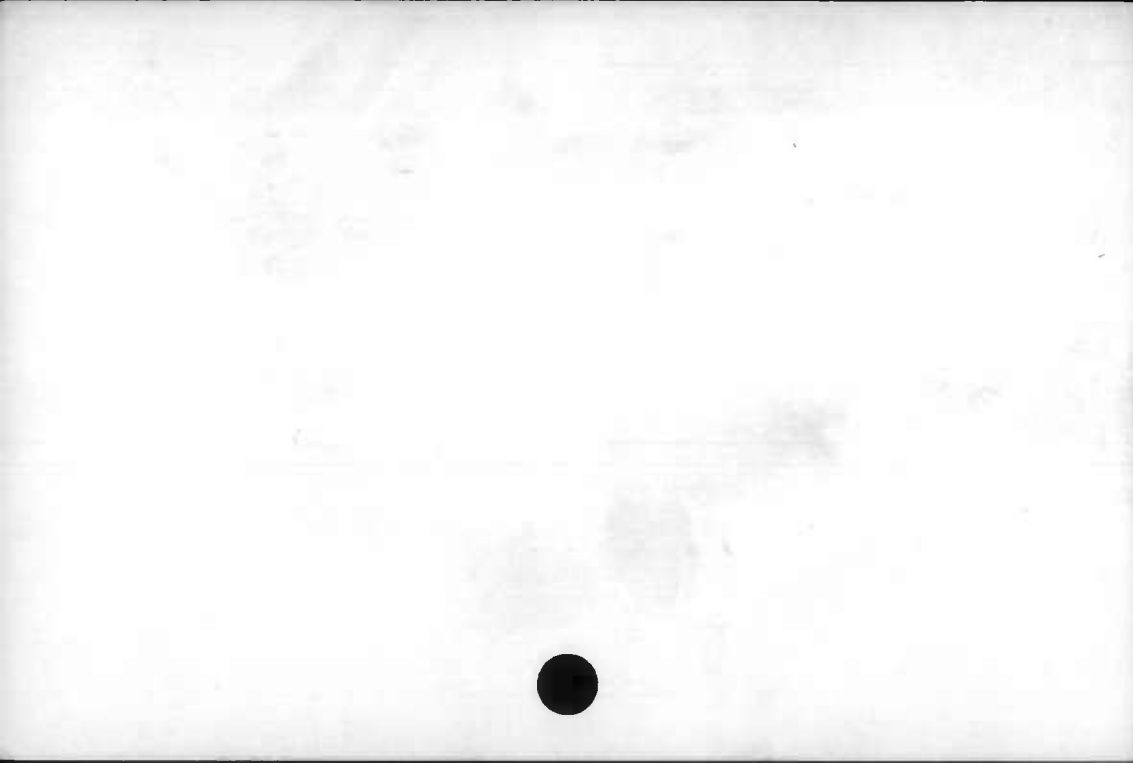
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near Pocomoke				Worcester			
Date of death	1909	Month	June	Day	13	Age	
Sex	Male	Color or Race	White	Where Residing if not at place of death			
Occupation				Birthplace	Maryland		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Thomas I Addison				Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Stout				Mother's Birthplace	Virginia	
Name of person giving Information	Thomas I Addison				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	
Immediate	Still Born	How long	
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician			
Address	Pocomoke City		
Accident or Suicide			



Name
in
Full

Unnamed Ballard.

176
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

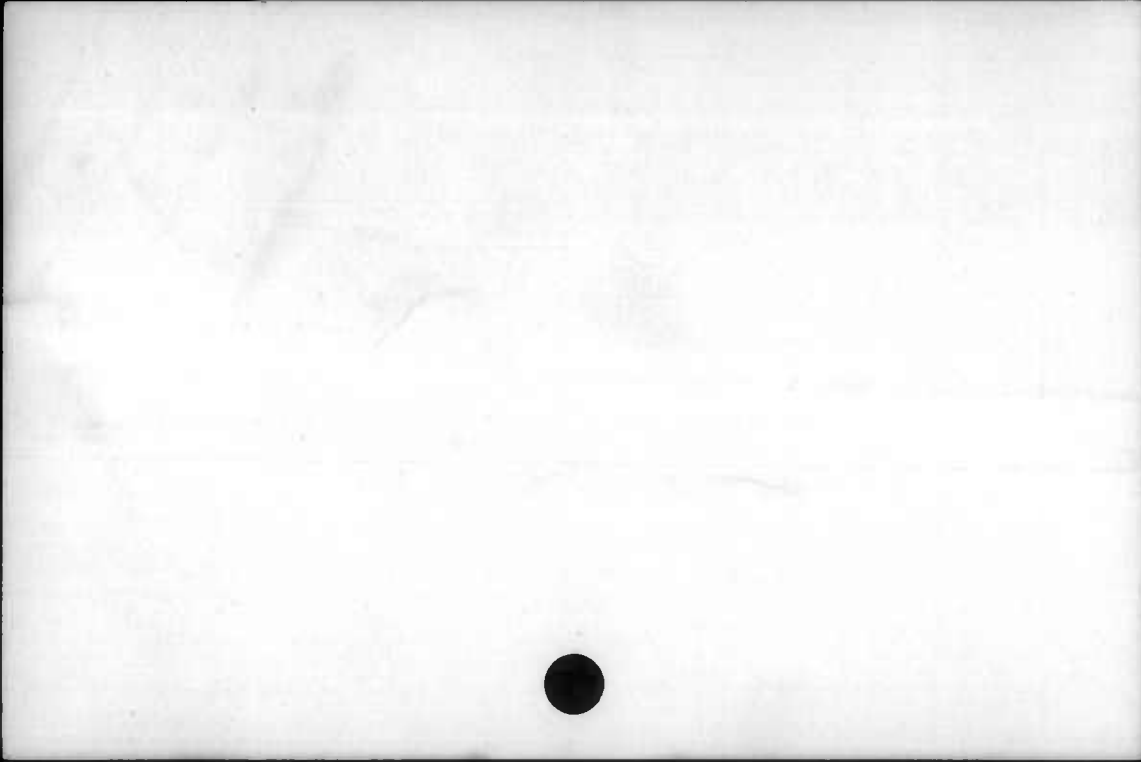
Died at <i>near Pocomoke</i>		Town <i>Worcester</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1909	Month	June	Day	15	Age	1
Sex	male		Color or Race	Black		Birth-place	near Pocomoke
Occupation	Infant			Where Residing if not at place of death		at place of death	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Ballard				Father's Birthplace	Somerset Co Md	
Mother's Maiden Name	Amanda Porter				Mother's Birthplace	Unknown	
Name of person giving Information	Henry Ballard				How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Unknown	How long	from birth
Immediate	Unknown	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Isaac T. Costen
		Address	Pocomoke City Md
Accident or Suicide?			



Name
in
Full

Luss Bevans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	29	Age	79		
Sex	Male	Color or Race	colored	Birth-place	Maryland		
Occupation	Farmer			Where Residing if not at place of death	✓		
Married, Single or Widowed	married	Name of Wife or Husband	Elizia Bevans				
Father's Name	dont know			Father's Birthplace	dont know		
Mother's Maiden Name	Lizzie Parker			Mother's Birthplace	Maryland		
Name of person giving Information	Wm Bevans			How related to deceased	brother		

CAUSES OF DEATH

Primary	Cerebral Hemorrhage	How long	64	4 days
Immediate	"	How long	"	"

Are the name, age, sex, color, data and place correctly given above?

yes.

Signature of Physician

Address

John L. Riley
Snow Hill
Md.

Accident or Suicide



Name
in
Full

Hester J Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

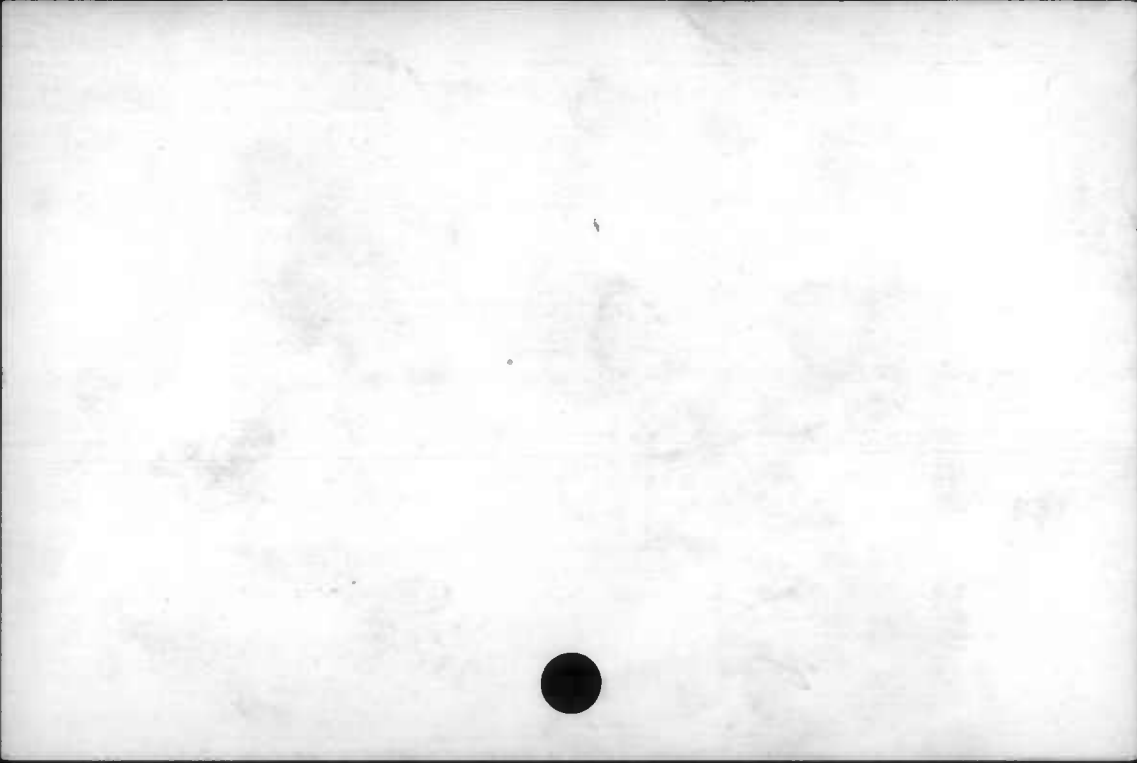
Died at <i>Palomoke city</i>		County <i>Morris</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>June</i>	Day <i>9</i>	Age <i>85</i>	Years <i>85</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Accomac Co Va</i>		
Occupation <i>domestic</i>	Where Residing if not at place of death <i>Palomoke city</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Bishop</i>				
Father's Name <i>Leane Cropper</i>	Father's Birthplace <i>Accomac Co</i>				
Mother's Maiden Name <i>Grace Cropper</i>	Mother's Birthplace <i>do do</i>				
Name of person giving Information <i>Ind Waters</i>	How related to deceased <i>Do</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>24 months</i>
Immediate <i>Paralysis</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel L. Linn</i>
	Address <i>Palomoke city Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John A. Fossett* Town *Berlin* County *X*
Died at *Berlin*
Date of death *1909 June 4* Age *—* Months *3* Days
Sex *Male* Color or Race *Col.* Birth-place *Berlin Md.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Dean, Fossett* Father's Birthplace *Berlin Md.*
Mother's Maiden Name *Mary Taylor* Mother's Birthplace *Berlin Md.*
Name of person giving Information *John A. Fossett* How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *179* How long
Immediate *No Dr in Attendance* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O.K. D. C. Massey

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Elonzie Ginn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

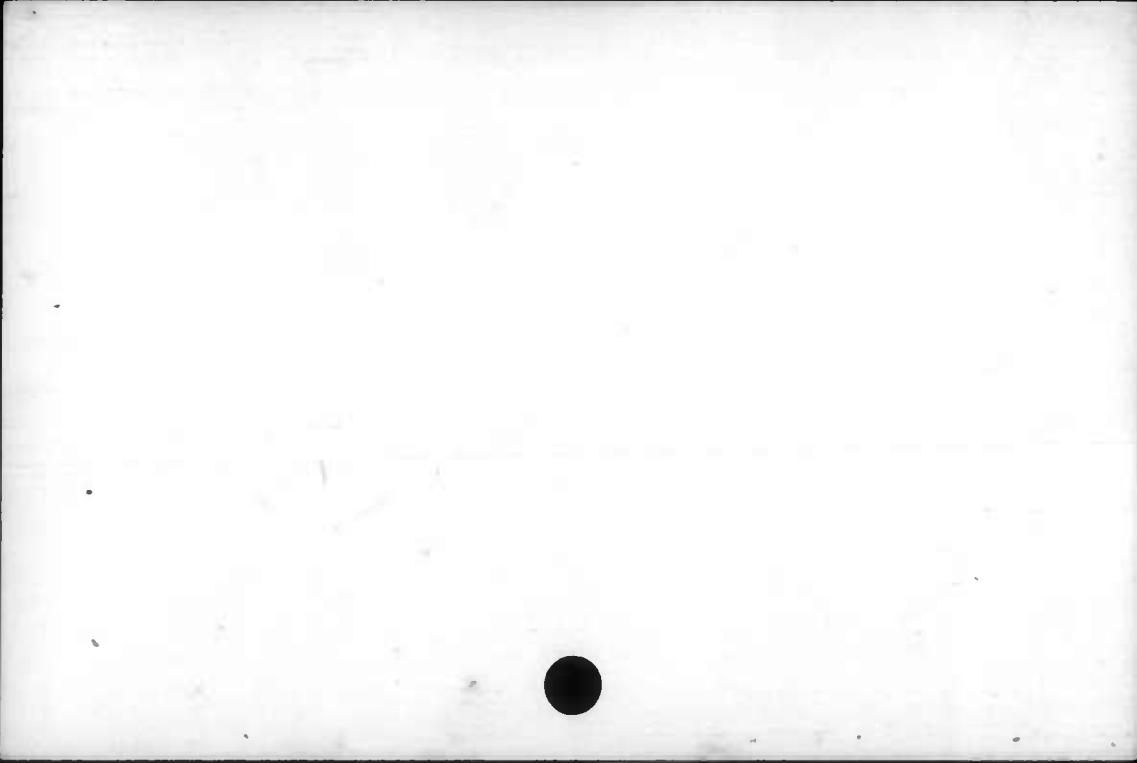
Died at		Town Snow Hill		County St. Mary's		MARYLAND	
Date of death		Month June	Day 24	Age 21		Months 9	Days 29
Sex Male		Color or Race Colored.		Birth- place Maryland			
Occupation Laborer		Where Residing if not at place of death Maryland					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name George T. Ginn		Fether's Birthplace Maryland					
Mother's Maiden Name Lara Boston		Mother's Birthplace Maryland					
Name of person giving Information Lassie Ginn		How related to deceased Brother					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Drowned	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	John L. Riley
		Address	Snow Hill Md.
Accident or Suicide	Accident		



Name
in
Full

~~Thomas Vincent~~ Hastings
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Liberty Town
Month Day Years Months Days

Date of death 1909 June 16 Age 1 3

Sex Male Color or Race White Birth-place Liberty Town

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Will Hastings. Father's Birthplace Liberty Town Md

Mother's Maiden Name Dora Ryark Mother's Birthplace Salisbury Md

Name of person giving Information Will Hastings How related to deceased Father

Dr. Linder

CAUSES OF DEATH

105

Primary Cholera Infantum How long 3 days

Immediate _____ How long _____

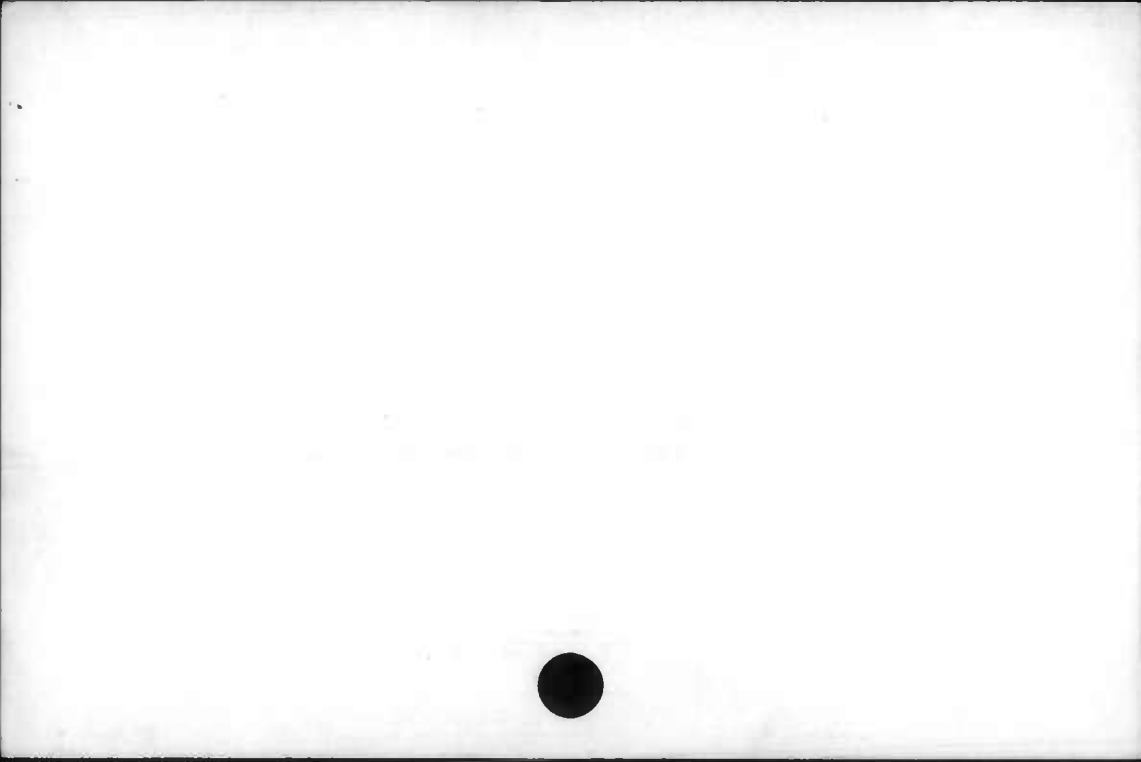
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. Linder

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

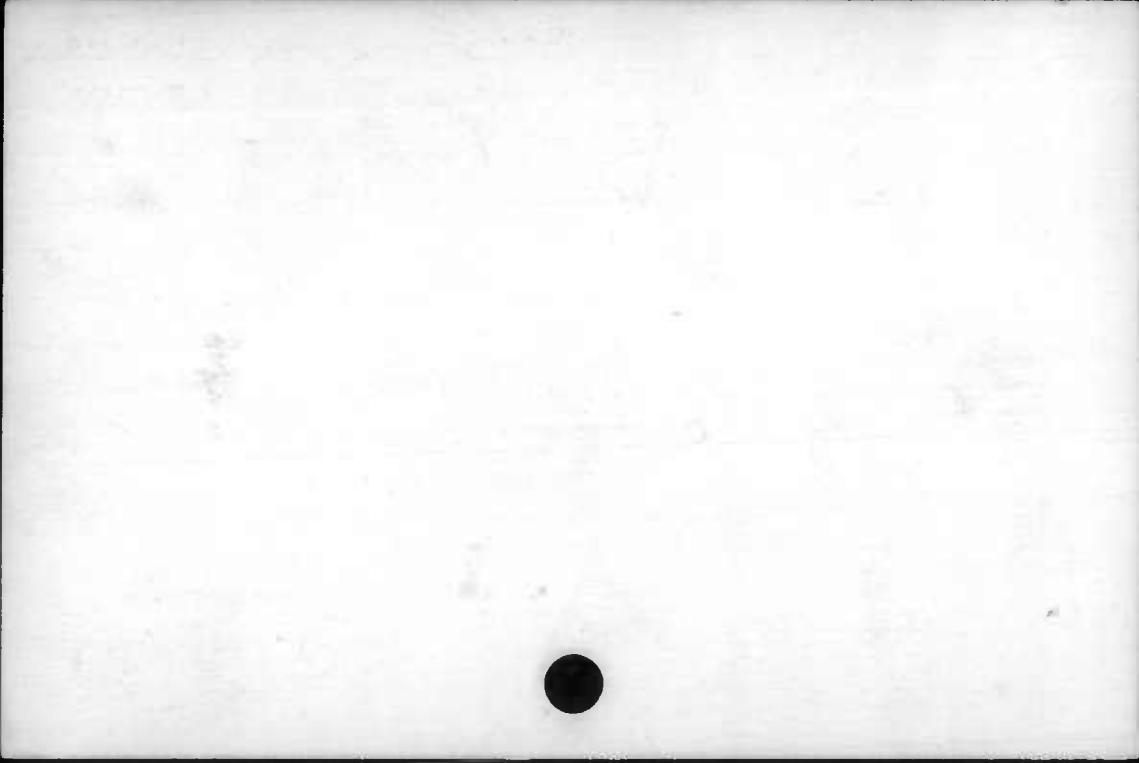
Name in Full <i>Eldred Thomas</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Snow Hill</i>		Month <i>June</i>		Day <i>13th</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>13th</i>		Years <i>1</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Snow Hill</i>		Age <i>16</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Calvin P. Hayman</i>				Father's Birthplace <i>Snow Hill</i>			
Mother's Maiden Name <i>Bessie M. Nicholson</i>				Mother's Birthplace <i>Stockton</i>			
Name of person giving Information <i>Cecil C. Hopton</i>				How related to decedent <i>Aunt</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>9 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. D. Strangew. M.D.</i>
	Address <i>Snow Hill - Md.</i>
Accident or Suicide	



Name
in
Full

Mrs Charlotte B. Hedges.

CERTIFICATE OF DEATH

Died at ^{Town} near Berlin ^{County} Worcester Co. MARYLAND

Date of death 1909 ^{Month} June ^{Day} 9 ^{Age} 48 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Hellsburg N. Va.

Occupation House keeper ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} John M. Hedges

Father's Name Thos. Everett ^{Father's Birthplace} Hellsburg N. Va.

Mother's Maiden Name Martha Johnston ^{Mother's Birthplace} Hellsburg N. Va.

Name of person giving Information Leota Everett ^{How related to deceased} Sister

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

64

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

36 hrs

Ch. Dickinson M.D.
Berlin Md

Accident or Suicide

PHYSICIAN
OR CORONER

01/70/10/16

Name
in
Full

ISIAAC N. HOLLAND

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

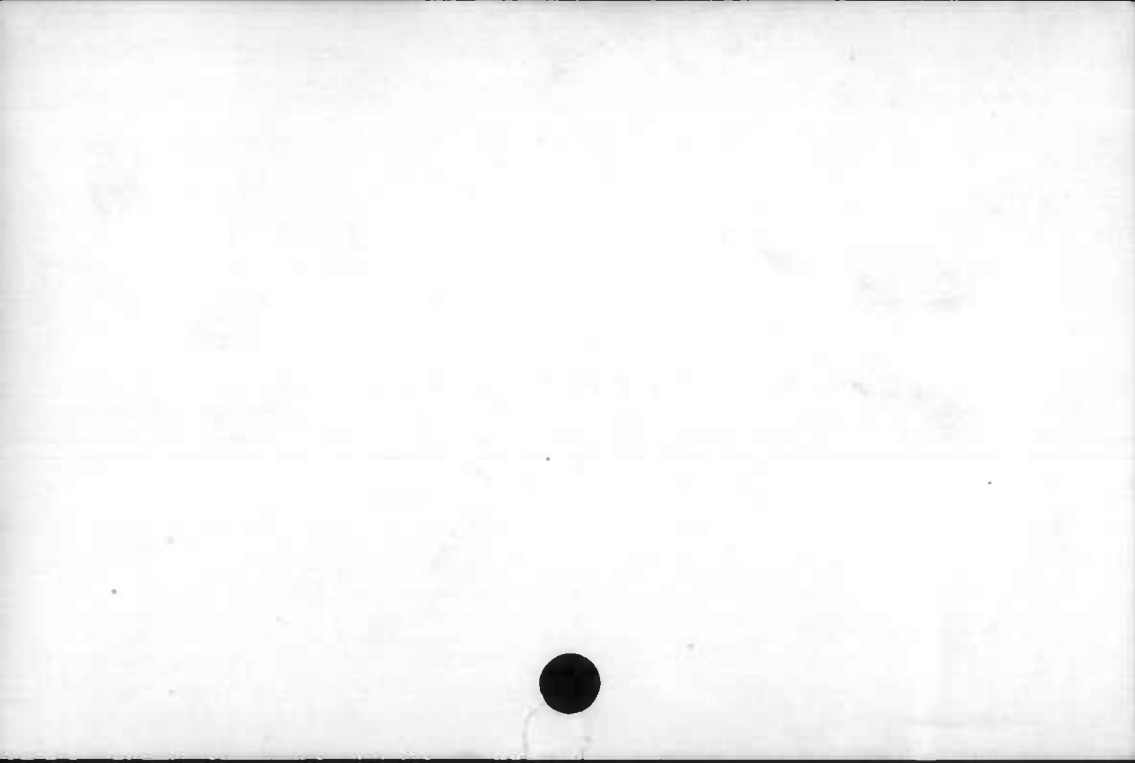
Died at CAMPBELL		Town		County		MARYLAND	
Date of death 1909		Month June	Day 26	Age		Months	Days
Sex Male		Color or Race African		Birth-place Maryland			
Occupation Farmer				Where Residing if not at place of death Home			
Married, Single or Widowed Married		Name of Wife or Husband Anne Mary					
Father's Name Unknown		Father's Birthplace Ind					
Mother's Maiden Name Unknown		Mother's Birthplace Ind					
Name of person giving Information Physician's assistant		How related to deceased					

PHYSICIAN
OR CORONER

Primary ARTERIOSCLEROSIS		How long ? years.
Immediate Cerebral Hemorrhage		How long 3 1/2 hours.
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician J. P. Bishop
J. P. Bishop		Address Showell, Maryland.
Accident or Suicide		

CAUSES OF DEATH

(64)



Name
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Month

June

Day

17

Age

Years

Months

Days

5 Hours

Sex

Female

Color or
Race

White

Birth-
place

Berlin Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Mr. Holland

Father's
Birthplace

Berlin Md

Mother's
Maiden Name

Effie Richerson

Mother's
BirthplaceName of person giving
Information

Mr. Holland

How related
to deceased

"Father"

CAUSES OF DEATH

Primary

Unknown

How long

179

8 hours

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

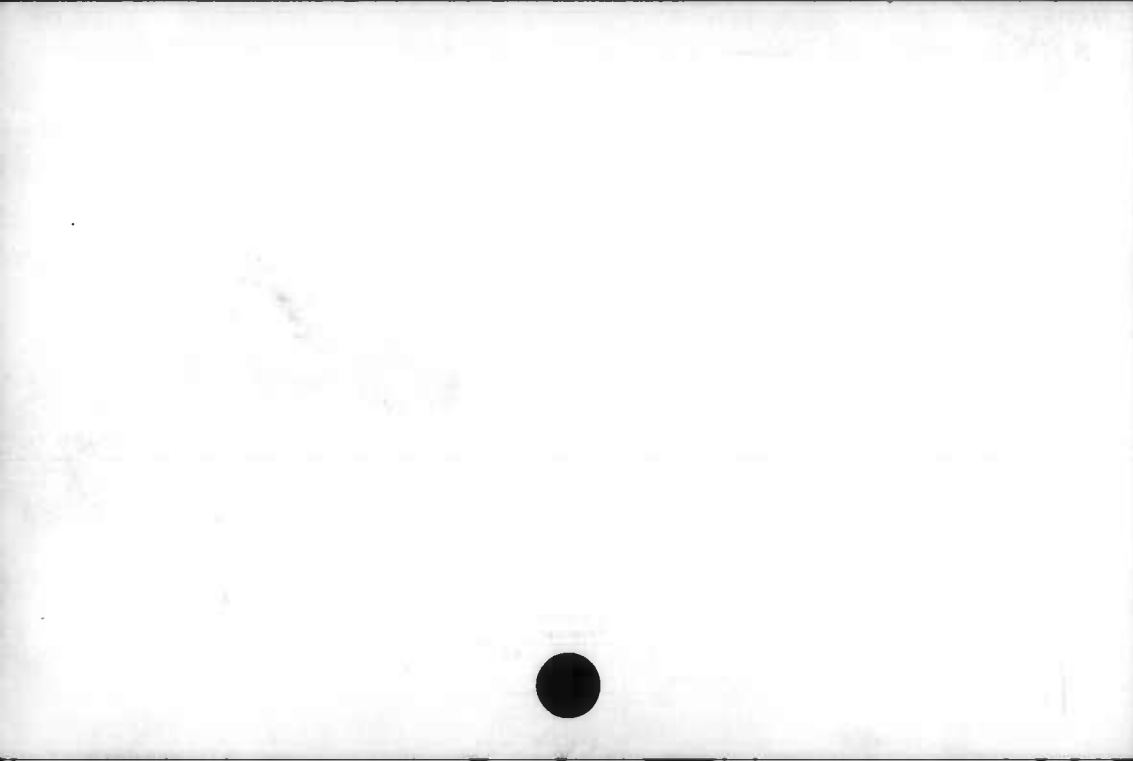
yes

Signature of
Physician

Address

Frank J. Gindall
Berlin

Accident or Suicide



Name
in
Full

180

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Margaret A. Hope		Town Beary Dam		County Monester		State MARYLAND	
Died at Beary Dam		Month June		Day 30		Years 62	
Date of death 1909 June 30		Age 62		Months ✓		Days ✓	
Sex Female		Color or Race white		Birth-place VA			
Occupation Housewife		Where Residing if not at place of death ✓					
Married, Single or Widowed Married		Name of wife or Husband Wm. J. Hope					
Father's Name Isabel Mason		Father's Birthplace VA					
Mother's Maiden Name Do not know		Mother's Birthplace VA					
Name of person giving information Thos. Hope		How related to deceased Son					

CAUSES OF DEATH

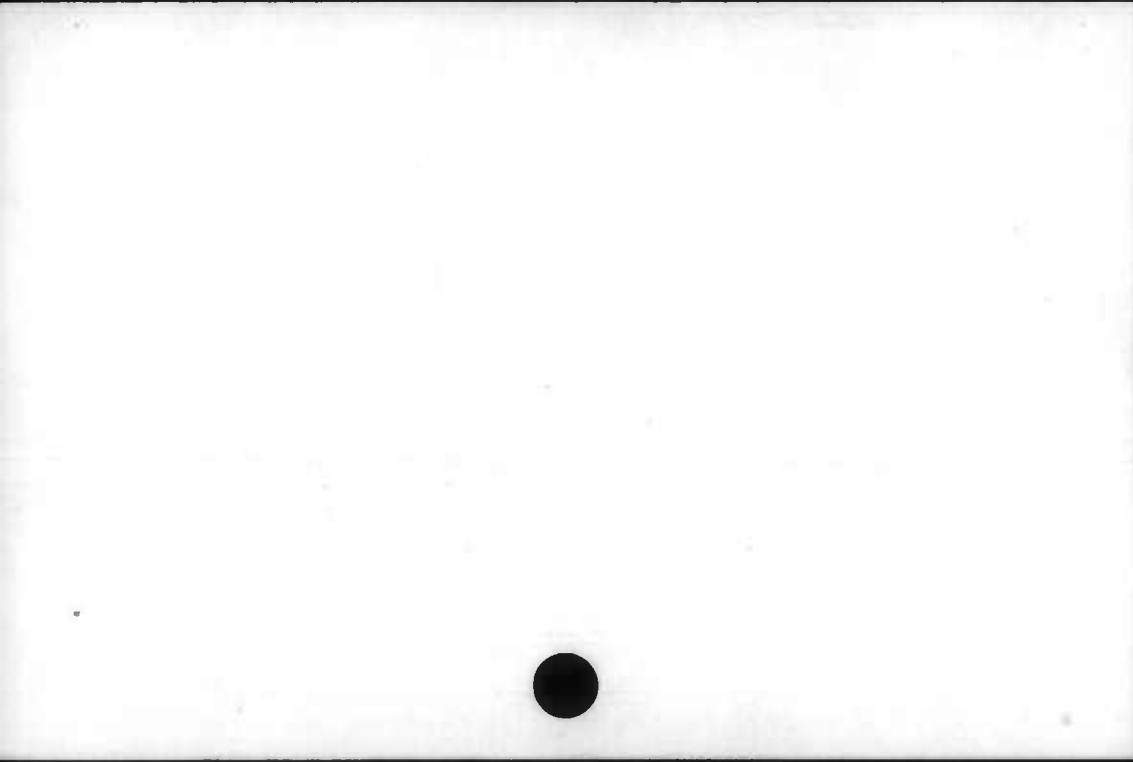
27

How long

How long

2 yrs
3 m.PHYSICIAN
OR CORONER

Primary Tuberculosis	
Immediate Exhaustion	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. P. Wilson
Accident or Suicide ✓	Address Frederick City



Name
in
Full

had no name Jones

179

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	28			6	
Sex		Color or Race		Birth-place			
Male		Black		Maryland			
Occupation				Where Residing if not at place of death			
				Pocomoke			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
don't know							
Mother's Maiden Name				Mother's Birthplace			
Mary Jones				Maryland			
Name of person giving Information				How related to deceased			
Laura Marshall				to deceased			

CAUSES OF DEATH

145

Primary
The mother left child
and went away (Ulcers)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Ulcers

Signature of Physician

Address

Ephraim Hillman
Justice of the Peace
Pocomoke
aely Local Ry

Accident or Suicide

174



Name
in
Full

Dr Charles P. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

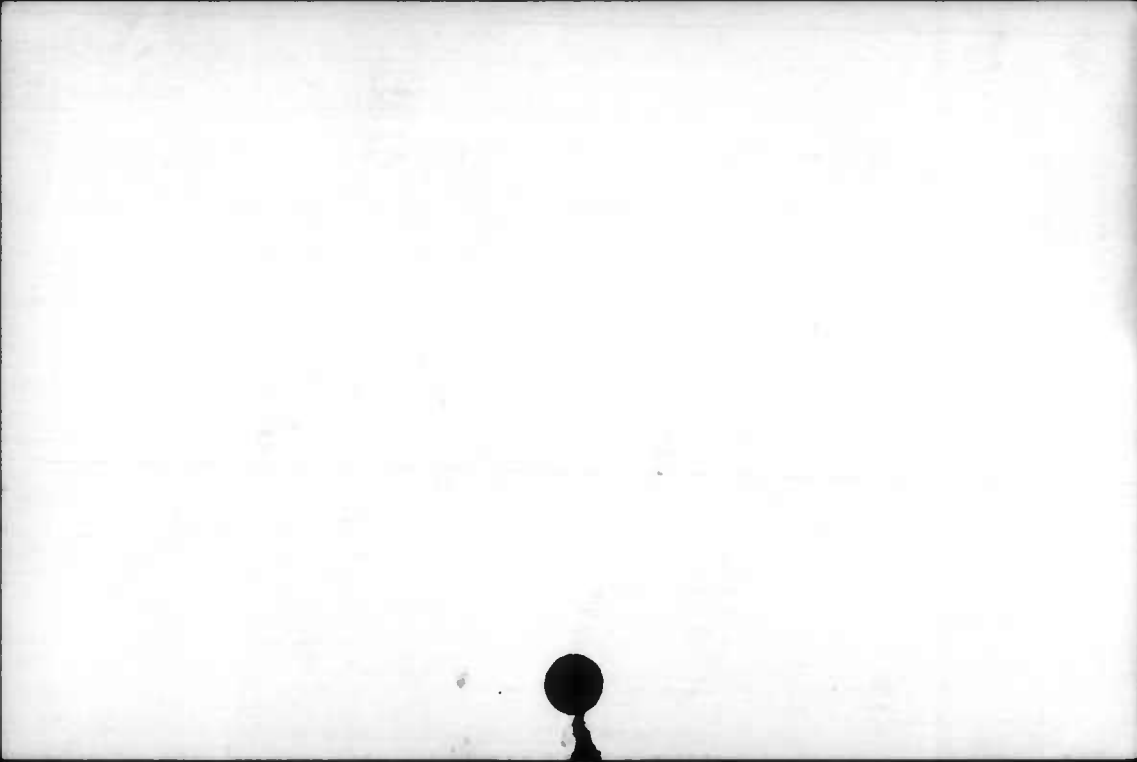
Died at <i>Snow Hill</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>16</i>		Year <i>63</i>		Months <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Wor, Co, Md</i>		Age <i>63</i>		Days <i>8</i>	
Occupation <i>Physician</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Catherine S. Jones</i>							
Father's Name <i>Jesse Jones</i>				Father's Birthplace <i>Wor, Co, Md</i>					
Mother's Maiden Name <i>Rachel Cropper</i>				Mother's Birthplace <i>Wor, Co, Md</i>					
Name of person giving Information <i>The family</i>				How related to deceased <i>Sons & daughters</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>about two weeks</i>
Immediate <i>Gradual exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide	



Name
in
Full

Mary Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
1909		June	2nd	Age 65			
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	W. J. Jones			
Father's Name	John. Coffin			Father's Birthplace	Maryland		
Mother's Maiden Name	Betty. Ake			Mother's Birthplace	Unknown		
Name of person giving Information	W. J. Jones			How related to deceased	Husband		

CAUSES OF DEATH

120

How long 3 yrs.
How long 3 da.PHYSICIAN
OR CORONER

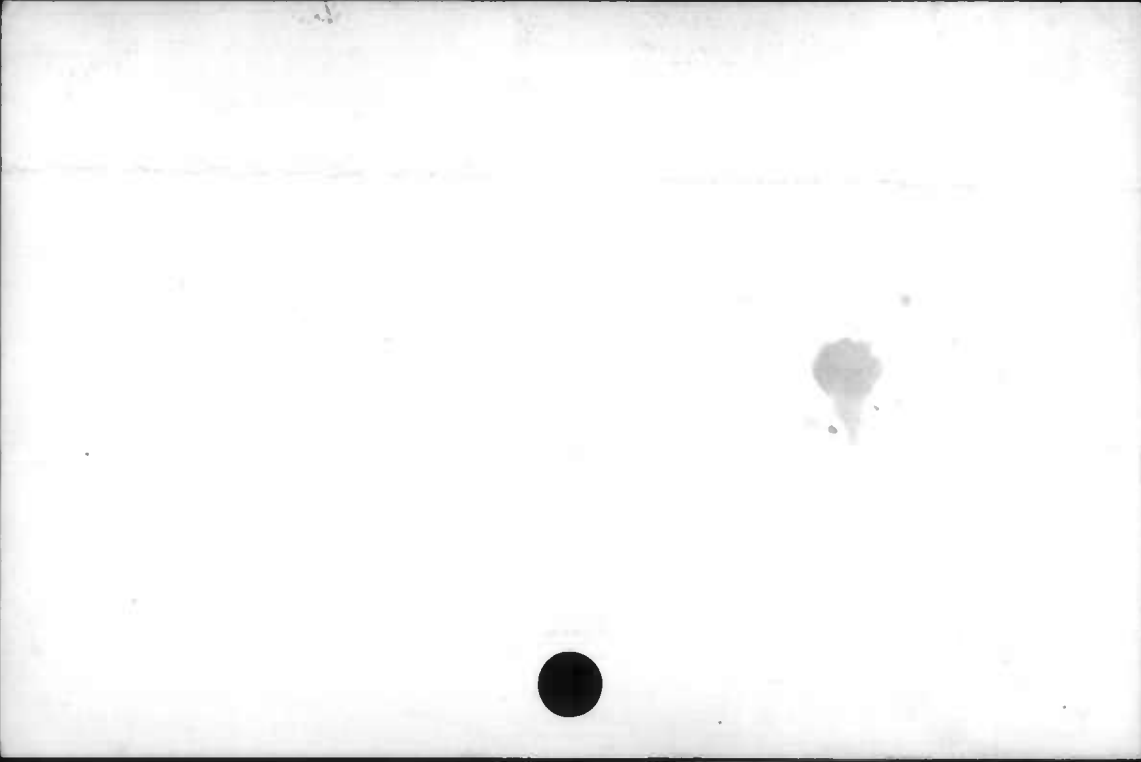
Primary	Chronic Nephritis
Immediate	Uremic Poisoning
Are the name, age, sex, color, date and place correctly given above?	Yes

Signature of Physician

Address

J. R. Beilup
Shirley, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bishopville</i>		Town <i>Law</i>		County <i>Worchester</i>		MARYLAND	
Date of death	1909	Month	June	Day	2	Age	4
Sex	Male		Color or Race	Colored		Birth-place	Maryland
Occupation	None			Where Residing if not at place of death at home			
Married, Single or Widowed	Single		Name of Wife or Husband None				
Father's Name	Jacob Lutz Col					Father's Birthplace	Maryland
Mother's Maiden Name	Lizzie Hooks					Mother's Birthplace	Maryland
Name of person giving Information	Henry Durickson						

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Drowned in Mill Pond</i>		How long	<i>Immediately</i>
Immediate	<i>yes</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>none</i>
			Address	<i>P. Bayne Jr</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Laws child

Died at *Berlin* Town *Worcester* County

Date of death *1909 June 23* Age *—* Months *6* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Maryland*

Occupation *Evans* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Laws* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Purnell* Mother's Birthplace *Maryland*

Name of person giving Information *William Purnell* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

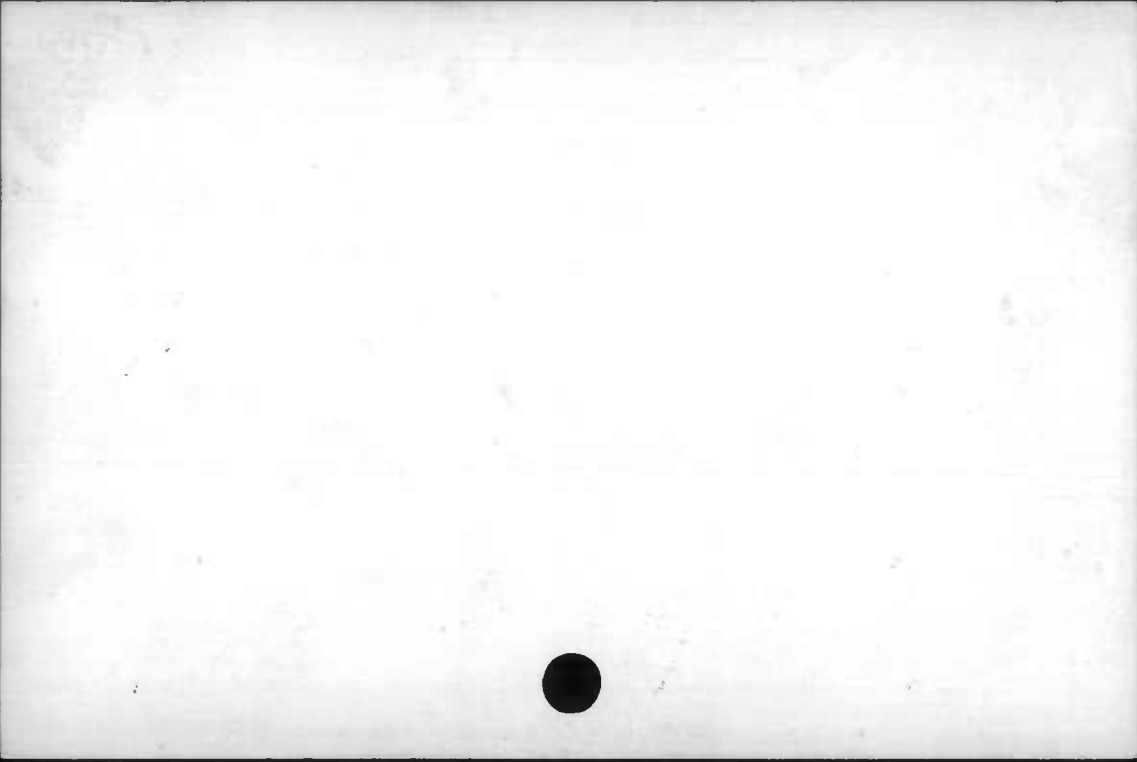
Primary

How long *105*

Immediate

How long *South (Good)*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. H. Franklin*Address *Berlin Md*

Accident or Suicide



Name
in
Full

Mary E. S. Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

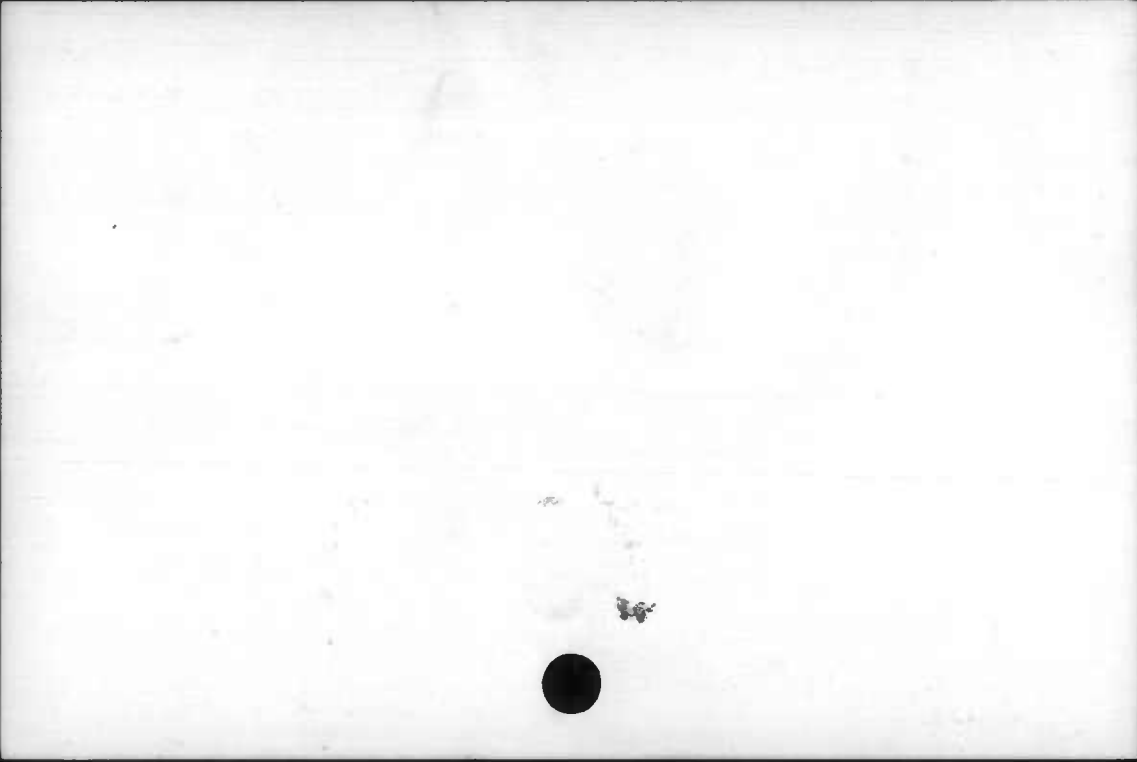
Died at <u>Snow Hill</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small> <u>June</u> <small>Day</small> <u>13</u> <small>Years</small> <u>18</u> <small>Months</small> <u>9</u> <small>Days</small> <u>1</u>		Age <u>18</u>			
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Fairtown, N. J.</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>At place of death</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife <u>Stephan S. Mason</u> <small>Husband</small>			
Father's Name <u>William D. Strangin Ind.</u>		Father's Birthplace <u>Snow Hill, Md.</u>			
Mother's Maiden Name <u>Jennie C. Rowley</u>		Mother's Birthplace <u>Pindletree, Md.</u>			
Name of person giving Information <u>Dr. W. D. Strangin</u>		How related to deceased <u>Teacher</u>			

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Diabetes Mellitus</u>	How long <u>6 mos.</u>
Immediate <u>Acute Indigestion & Diabetic Coma</u>	How long <u>5 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. W. D. Strangin</u>
	Address <u>Snow Hill, Ind</u>
Accident or Suicide <u>no</u>	



Name
in
Full

Harold Logan Murrist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

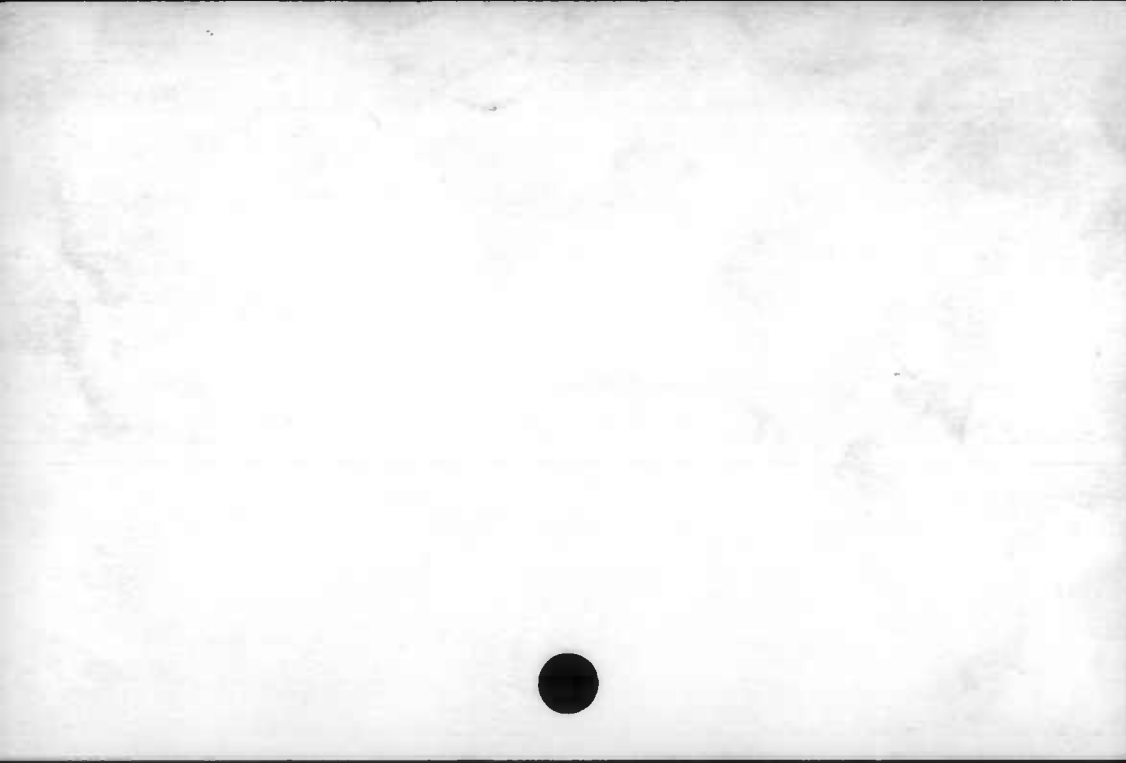
Died at <i>Gudlebs</i>		County <i>Howard</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>6</i>	Day <i>22</i>	Age <i>—</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Bap Murrist</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Lecia Johnson</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Robley Murrist</i>		How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Thrombosis</i>	How long <i>About 10 days</i>
Immediate <i>Exhaustion</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Bunn</i>
	Address <i>Gudlebs, Ind.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Girdletrce</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death 1909	Month <u>6</u>	Day <u>28th</u>	Age <u>82</u> Years	Months <u>3</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>Mason</u>	Where Residing if not at place of death <u>md</u>				
Married Status Widowed	Name of Wife or Husband <u>Elizabeth Pilcham</u>				
Father's Name <u>Wm. Nock</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Fannie Nock</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>John P Nock Jr</u>	How related to deceased <u>Son</u>				

Fracture of neck.

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>fell down stairs</u>	How long	<u>2 1/2 Hours</u>
Immediate	<u>fall (head foremost)</u>	How long	<u>2 1/2 Hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. O. Payne Jr.</u>	
		Address <u>Stockto</u>	
Accident or Suicide?		<u>md</u>	



Name
in
Full

Gracie Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

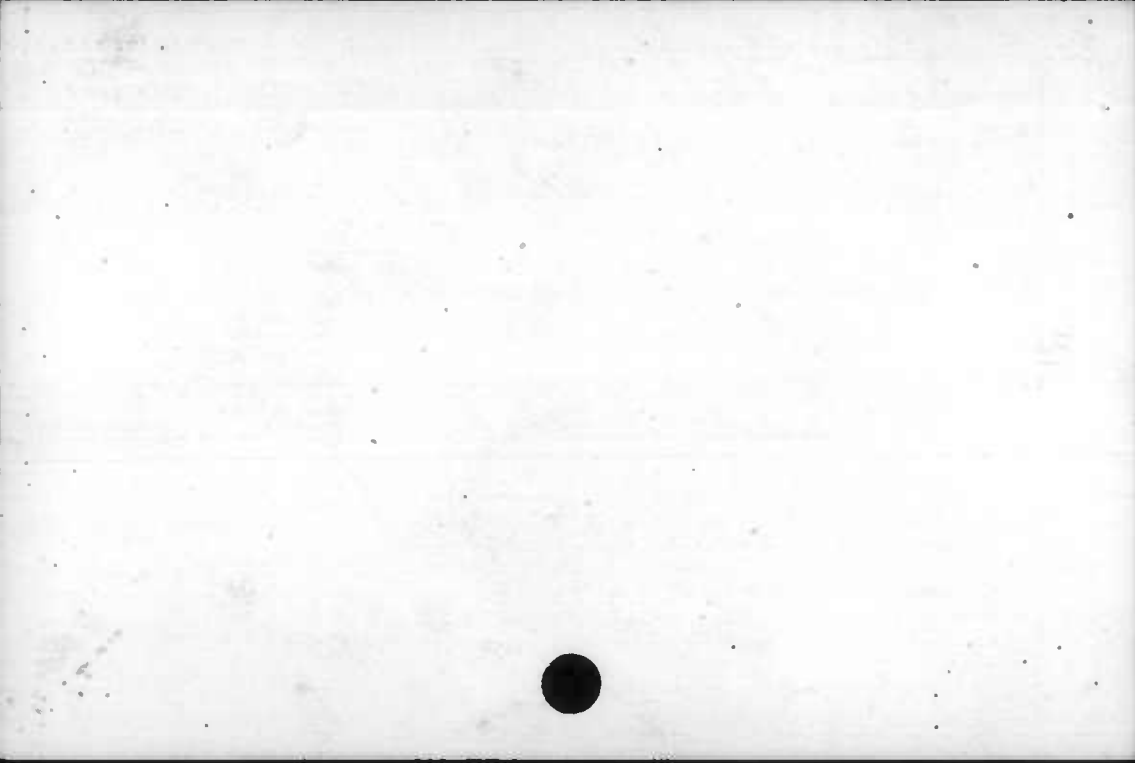
Died at <u>Brownsville</u>		County <u>Worcester</u>		MARYLAND	
Date of death	1909	Month	June	Day	26
Age		21			
Sex	Female	Color or Race	Colored	Birth-place	Stockton md
Occupation	House wife		Where Residing if not at place of death <u>Snow Hill md</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	William Coston		
Father's Name	George Bishop		Father's Birthplace	Maryland	
Mother's Maiden Name	Edith Johnson		Mother's Birthplace	Maryland	
Name of person giving Information	William Coston		How related to deceased	Husband	

CAUSES OF DEATH

29

Primary	Intestinal tuberculosis	How long	3 mos.
Immediate	"	How long	"
Are the name, age, sex, color, data and place correctly given above?		yes.	
Signature of Physician		John L. Riley	
Address		Snow Hill md.	
Accident or Suicide		no.	

PHYSICIAN
OR CORONER



Name
in Full174
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Sallie Parks.
Town

County

Horseville

MARYLAND

Date

of death

1909

Month

June

Day

14

Age

Years

24

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Carroll A. Parks

Father's
Name

Frank Beyman

Father's
Birthplace

Md.

Mother's
Maiden Name

Sallie Sanborn

Mother's
Birthplace

Md.

Name of person giving
Information

Carroll A. Parks

How related
to deceased

Husband

CAUSES OF DEATH

134

Primary

Peptic ulcer resulting
in exhaustion

How long

1 1/2 months
3 days.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. M. Wilson
Freemans City

Accident or Suicide



Name
in
Full

Arrie L Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

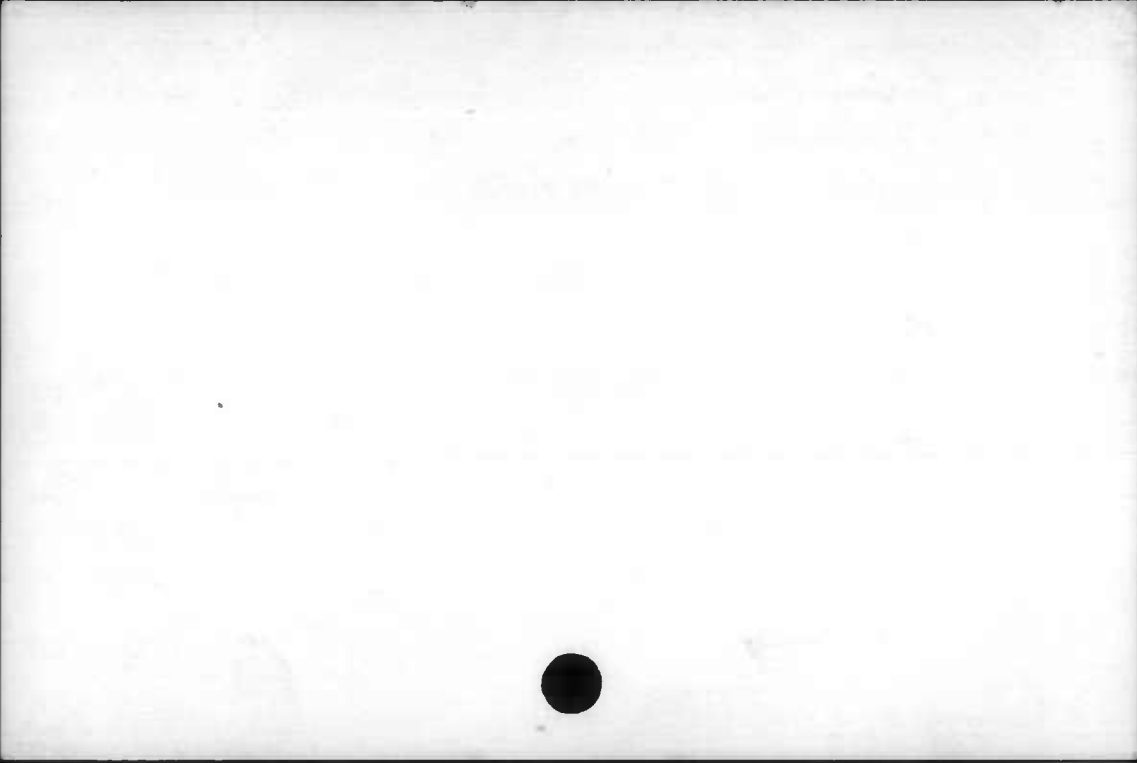
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	21	Age	68	—	
Sex		Color or Race		Birth-place			
Female		Colored		Snowhill Md			
Occupation		Where Residing if not at place of death					
Housewife		—					
Married, Single or Widowed		Name of Wife or Husband					
Married		Geo Robinson					
Father's Name		Father's Birthplace					
Stephen Bowyer		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Don't know		Don't know					
Name of person giving Information		How related to deceased					
Amandia Davis		Sister					

CAUSES OF DEATH

64

Primary	Cerebral Hemorrhage	How long	4 hours
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		John L. Riley	
		Address	
		Snow Hill, Md.	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full173
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

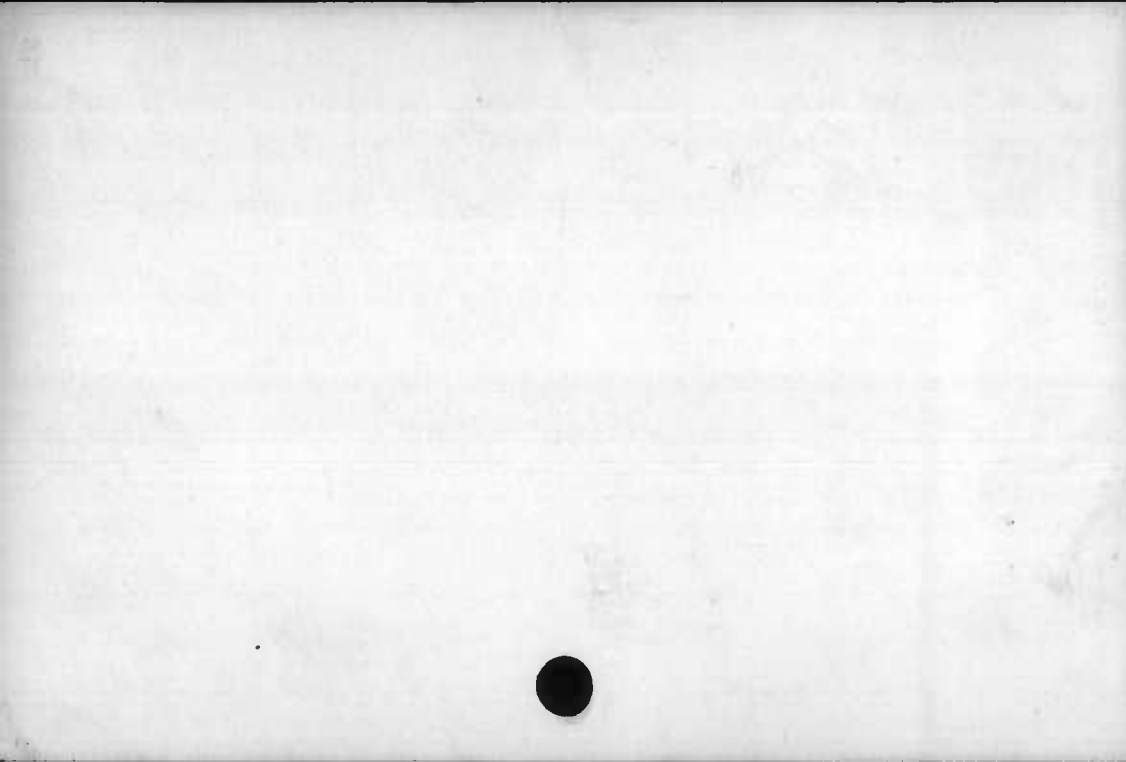
Name in Full <i>Cordelia C. Sambutsky</i>		Town <i>Pocomoke</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Pocomoke</i>		Date of death <i>1909 June 11</i>		Age <i>34</i>		Months <i>-</i> Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry W. Sambutsky</i>					
Father's Name <i>Robert W. Hancock</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Samp. V. Redding</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Henry W. Sambutsky</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Hepatitis</i>	How long <i>4 months</i>
Immediate <i>Sudden collapse</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Wilson</i>
	Address <i>Pocomoke City</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Still Born

Savage

171
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Kley Grange ^{County} Worcester MARYLAND
Date of death 1909 ^{Month} June ^{Day} 3 Age ^{Years} ^{Months} ^{Days}
Sex Female Color or Race White Birth-place Kley Grange
Occupation _____ Where Residing if not at place of death Kley Grange
Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Walter Savage Father's Birthplace Virginia
Mother's Maiden Name Leecie Tilghman Mother's Birthplace Worcester Co Md
Name of person giving Information Walter Savage How related to deceased Father

CAUSES OF DEATH

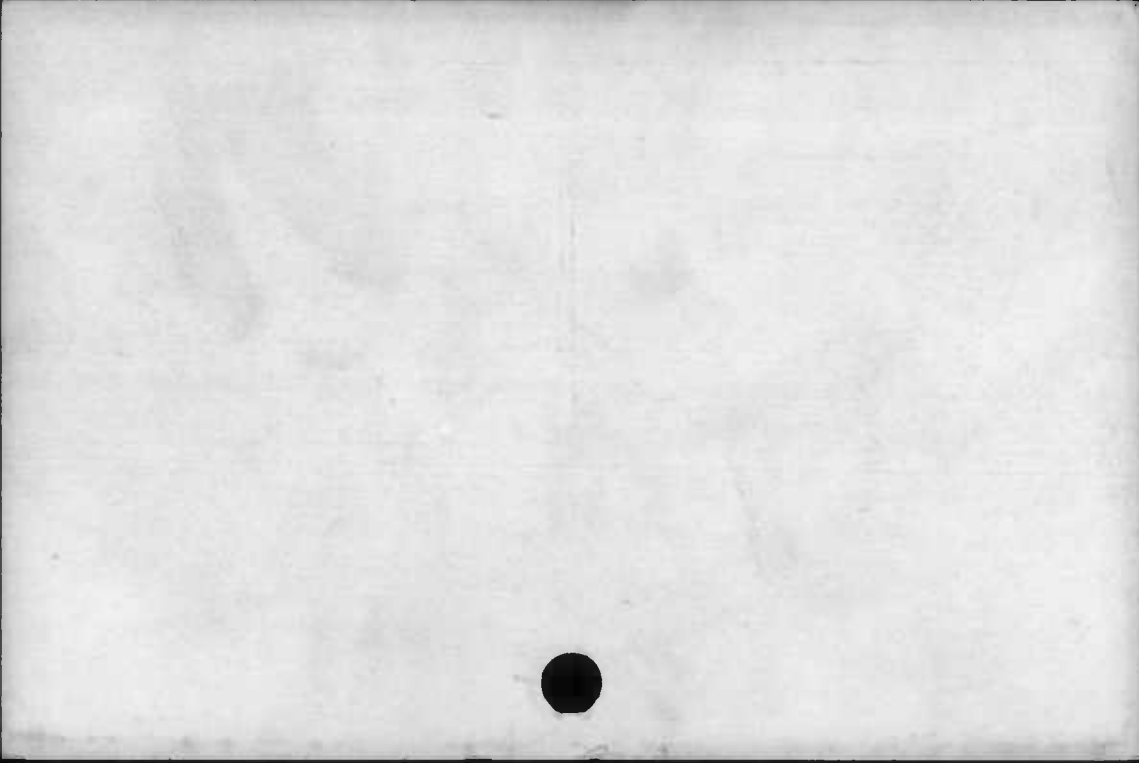
Primary Still Born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. H. Sullivan
Address District of the Peace
acty, Local Regs Co

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benton & Howell

Town

County

Died at

Whaleyville

Lancaster

MARYLAND

Date

of death

190

Month

June

Day

11

Years

Age 50

Months

Unknown

Days

Unknown

Sex

Male

Color or
Race

Colored

Birth-
place

Whaleyville

Occupation

Carpenter

Where Residing if not
at place of death

at home

Married, Single
or WidowedName of Wife or
Husband

Ella Howell

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Yabitha Howell

Mother's
Birthplace

Whaleyville

Name of person giving
Information

George W. Whaley

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Heart Failure

179

How long

Unknown

Immediate

Thrombosis

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. A. Holland

Address

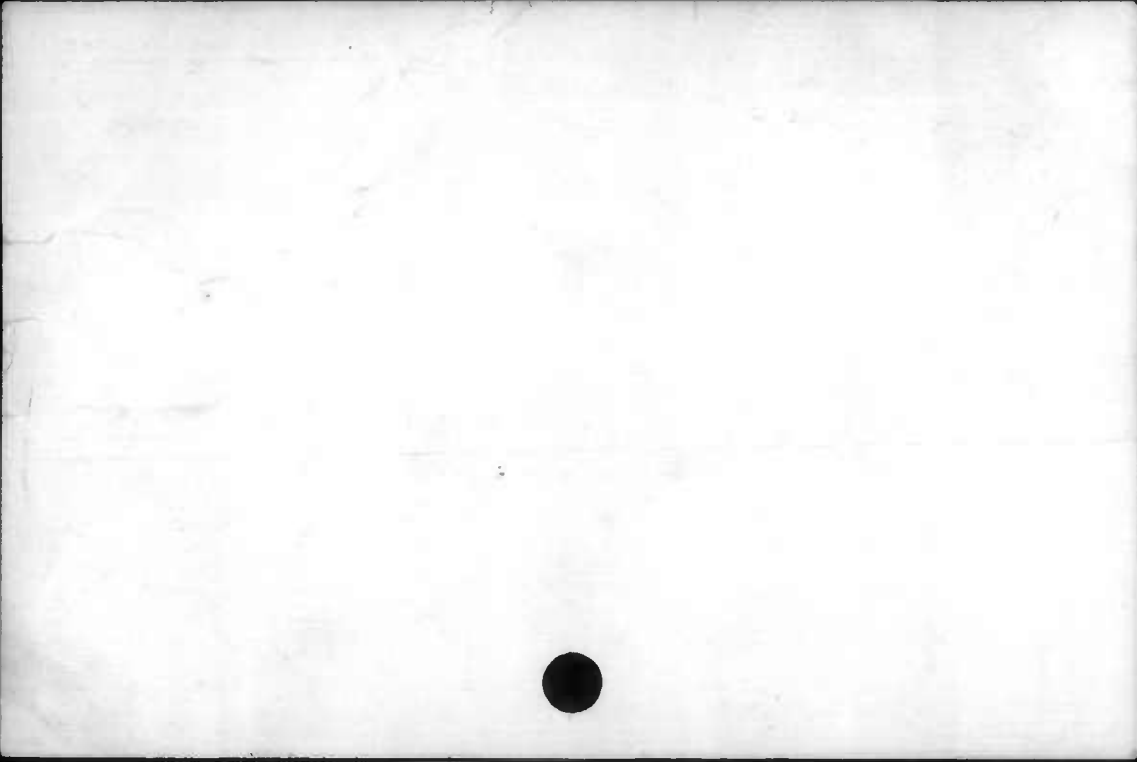
Whaleyville

J. Rayne

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

Lear. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *near Snow Hill* County *Worcester* **MARYLAND**

Died at *near Snow Hill* *Worcester*

Date of death *1909* Month *June* Day *26* Age *70* Years Months Days

Sex *Female* Color or Race *colored* Birth-place *Maryland*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Calrb Townsend*

Father's Name *Stephen Collins* Father's Birthplace *Maryland*

Mother's Maiden Name *don't know* Mother's Birthplace

Name of person giving Information *Elizabeth Taylor* How related to deceased *Sister*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *Two seconds*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

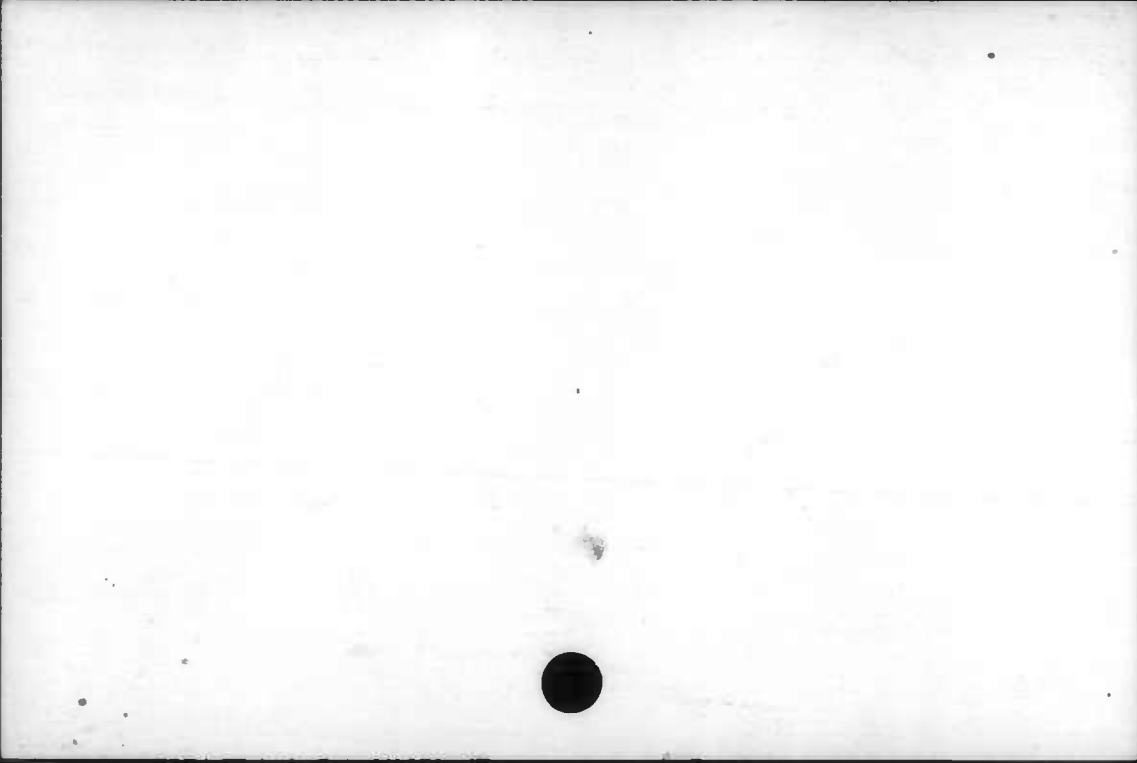
No Physician in attendance

Address

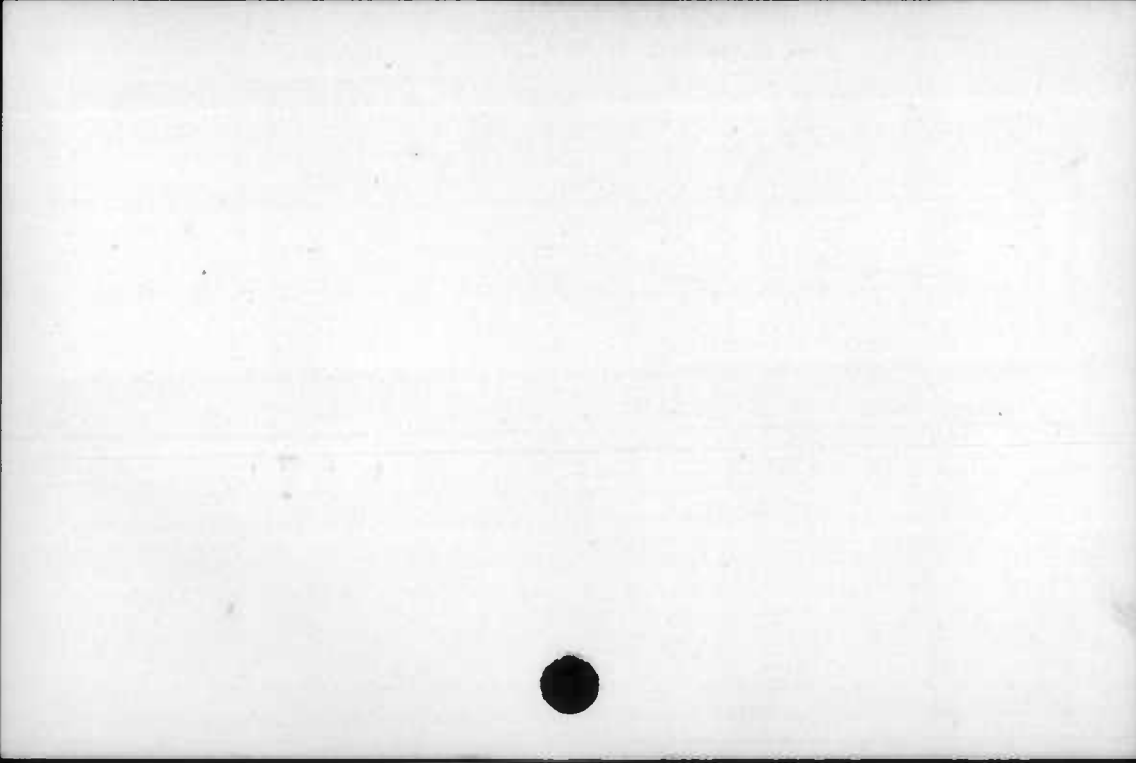
*O.K. Lane Jones
Snow Hill Md*

Accident or Suicide

✓



Name in Full		Greston Townsland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cedar Town		County		MARYLAND	
	Date of death	1909	June	Day	Age	Years	Months
	Sex	male		Color or Race	White		Birth-place
	Occupation	Retired farmer		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband			
	Father's Name	Isaac Townsland				Father's Birthplace	
	Mother's Maiden Name	Don't know				Mother's Birthplace	
PHYSICIAN OR CORONER	Name of person giving information	Ala Powell				How related to deceased	
					Daughter		
					47		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Rheumatism (chronic)				How long	
	Immediate	Rheumatism of heart				How long	
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				Paul Jones		
	Address				Snow Hill		
Accident or Suicide?							



Name
in
Full

Robert W. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

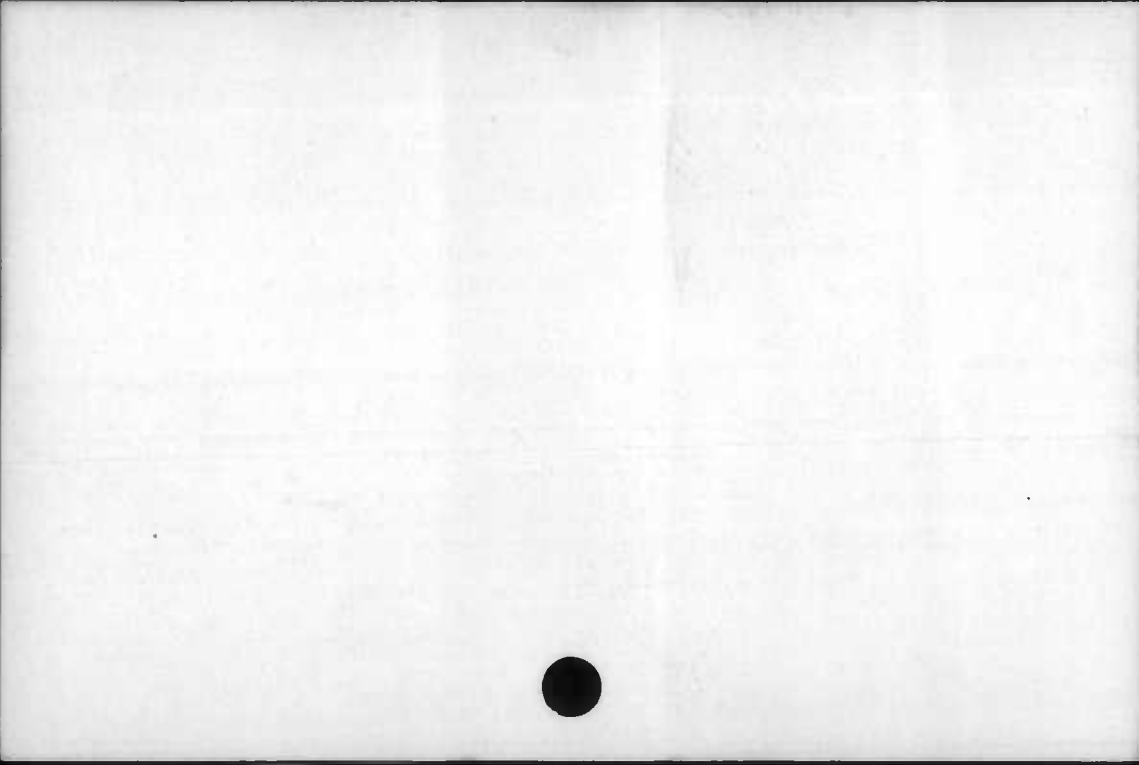
Died at <i>Dean City</i> Town <i>Worcester</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>11</i>	Age <i>63</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Snow Hill Md</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Snow Hill Md</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Susan A. Townsend deceased</i>		
Father's Name <i>Sam B. Townsend</i>	Father's Birthplace <i>Snow Hill Md</i>		
Mother's Maiden Name <i>Amelia Haggard</i>	Mother's Birthplace <i>Snow Hill Md</i>		
Name of person giving information <i>J. J. Townsend</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>4 years</i>
Immediate <i>Apoplexy</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. J. Townsend</i>
	Address <i>Dean City Md</i>
Accident or Suicide?	



Name
in
Full175
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Hampsh Free Town County *X*

Died at *hosp. Pocomoke City* *Wicomico* MARYLAND

Date of death *1909 June 14* Age *71* Months Days

Sex *Female* Color or Race *Colored* Birth-place *Accomack Co., Va*

Occupation *Domestic* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Parker Free*

Father's Name *Isiah Marshall* Father's Birthplace *Accomack Co., Va*

Mother's Maiden Name *Scarbroah Marshall* Mother's Birthplace *Accomack Co., Va*

Name of person giving Information *Benj. P. Free* How related to deceased *Son*

CAUSES OF DEATH

142

Primary *Severe gangrene of left foot* How long *Five to six days*

Exhaustion How long *✓*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

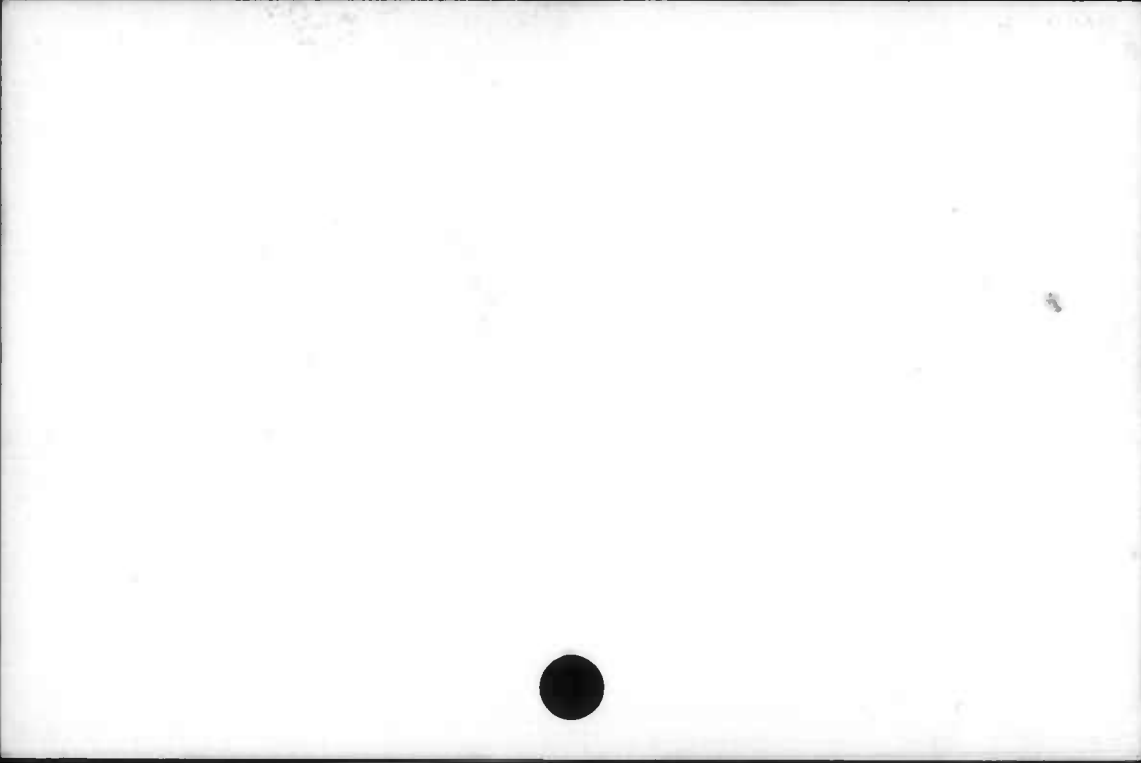
Address

R. Reel Hall

Pocomoke City, Md!

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

No. Name *Whaley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Berlin* Town *Tror* County *X*
Date of death 1909 June 30 Age *one*
Sex *M* Color or Race *Black* Birth-place *Berlin Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Will. Whaley* Father's Birthplace *Berlin Md*
Mother's Maiden Name *Mary. Henry* Mother's Birthplace *Berlin Md*
Name of person giving Information *Bill. Powell* How related to deceased *Friend*

CAUSES OF DEATH

Primary *26 Dacton*

How long *179*

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *OK*

Address



Dr. A. J. Cassey

Accident or Suicide

Berlin

Name
in Full

William Wilson

178
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pocomoke</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1909 June 20</i>		Month <i>June</i>		Day <i>20</i>		Age <i>one</i>	
Sex <i>Male</i>		Color or Race <i>Col</i>		Birth-place <i>near Pocomoke</i>		Months <i>6</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Levin Wilson</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Susan Wilson</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving Information <i>Levin Wilson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

Primary			How long	<i>two months</i>
Immediate	<i>Cholera Infantum</i>		How long	
Are the name, age, sex, color, data and place correctly given above?		yes		
Signature of Physician		<i>D. J. Smith</i>		
Address		<i>Pocomoke City</i>		
Accident or Suicide				

PHYSICIAN
OR CORONER

